# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County ALA		Instrument Location <u>Burring</u>	TON PD
Instrument Seria	al No. <u>008812</u>	267 W. FRUNT ST.	BURLINGTON
The preventive four months are	•	ntoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath segree centigrade;	imulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration dainged every four months or after 125 Alcoh	
procedures were	e performed on the instrument ind	dicated above, in accordance with current rethe instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF A MAY 20, 1772 A MAY 20	Sign Sign	And Lature of Certifying Official	637 Certificate Number

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812 Test Date: 01/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	3:07pm
AIR BLK	.00	3:08pm
ACCY CHK	.08	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm
SUB TEST	.00	3:13pm
ATR BIK	0.0	$3 \cdot 14 \text{ pm}$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008812

Test Record Number: 2593

Test Date: 01/27/2016

Test Time: 3:16pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:16pm 3:16pm
FC	Pass	3:16pm

## Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	3:16pm 3:16pm 3:16pm 3:16pm 3:16pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:17pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:17pm

#### CRC Tests

Test.	Status	Time
COMP	Pass	3:17pm
CAL	Pass	3:17pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County AL	AMANCE.	Instrument Location ALAM	ANCE G JAIL
Instrument Seri	al No. <u>008853</u>	109 S. MAPLE ST. (	BEAMAM, NC
The preventive four months are		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	er displays pressure, or the alcoholic brodegree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		. A second of the second of th
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before expiration anged every four months or after 125 A	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures were Department of I	the 27 day of 7/1/20 day of 1/1/20 day of 1/	dicated above, in accordance with current is functioning properly	forgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	Sign Caro	anature of Certifying Official	637 Certificate Number

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 01/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN

Permit Number: Effective:

00/00/0000-00/00/0000

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	4:06pm 4:07pm 4:07pm 4:09pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:130m

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853

Test Record Number: 1870

Test Date: 01/27/2016

Test Time: 4:14pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:15pm
FLO	Pass	4:15pm
FC	Pass	4:15pm

## Temperature Tests

Test	Status	Time
FC1		
	Pass	4:15pm
SRC	Pass	4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

## Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm

## CRC Tests

Test	Status	Time
COMP	Pass	4:16pm
CAL	Pass	4:16pm

Preventive Maintenance Status: Pass

## Intox EC/IR-II: Test Diagnostics

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 System Date: 01/27/2016 System Time: 4:19pm EST

Flow Baseline: 197
Flow Peak: 614
Blow Time: 2.74
Flow Volume: 1720
Ethanol Baseline: 3110
Ethanol Delta: .03
CO2 Baseline: 3105
CO2 Delta: 1384

Fuel Cell Gain: 2 Quick Zero Peak: 160 Cal Factor 1: 3759 Cal Factor 2: 7250

Fuel Cell Baseline: 383
Fuel Cell SB Baseline: 382
Integral: 33752
Absolute Peak: 941
Peak 1: 105
Time 1: 184
Peak 2: 0
Time 2: 0
Peak 4: 0
Time 4: 0

Test Status: Success

FACT Result: .00

Bus D Small

Analyst

## Intox EC/IR-II: Quick Test

## ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008853 Test Date: 01/27/2016

Test Record Number: 1871

016 Test Time: 4:17pm EST

Comments:

System Check: Passed

Test g/210L

Time

AIR BLK .00

4:17pm

SUB TEST .00

4:19pm

Sus D Smit

PREVENTIVE MAINTENANCE RECORD

Λ	INTOXIMET			
County AL			ocation Silai	
Instrument S	erial No. <u>008907</u>	267 W.	FRONT ST.	BURLINGTON A
The preventi	ve maintenance procedures for the are:	Intoximeters, Mode	el Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canistom 34 degrees, plus or minus .2		or the alcoholic brea	ath simulator thermometer shows
2.	Verify instrument displays ti	me and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompte	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	pears, collect breath	ı sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath	sample;	
8.	Print test record;			•
9.	Verify Diagnostic Program; a	ınd		
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.			date, or the alcoholic breath coholic Breath Simulator tests,
procedures w	on theday of ere performed on the instrument in f Health and Human Services, and	idicated above, in ac	cordance with currei	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	Nonth Carolina Caroli	John The	Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

#### ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 01/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	3:09pm 3:10pm 3:11pm 3:12pm <b>3:13pm</b> 3:14pm
SUB TEST	.00	3:15pm
AIR BLK	.00	3:16pm

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ALAMANCE COUNTY BURLINGTON PD 000

Serial Number: 008907 Test Date: 01/27/2016 Test Record Number: 756
Test Time: 3:17pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:18pm
FLO	Pass	3:18pm
FC	Pass	3:18pm

## Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	3:18pm 3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT	Pass	3:18pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:18pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:19pm
CAL	Pass	3:19pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

4		ers, Model intox ec	
County AL	AMANCE	Instrument Location ALAMAN	ICE Co. JAIL
Instrument Ser	rial No. <u>008913</u>	109 S. MAPLE ST. (	SRAHAM, NC
The preventive four months as	-	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic bre degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	•
5.	Verify instrument accuracy;	e e	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that or procedures wer Department of	n the <u>7</u> day of <u>7</u> re performed on the instrument in Health and Human Services, and	ANUARY, 20/6 the foodicated above, in accordance with current the instrument is functioning properly.	orgoing preventive maintenance ent regulations of the N.C.
TO THE STATE OF TH	Sig	And gnature of Certifying Official	Certificate Number

ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 01/27/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	4:07pm
AIR BLK	.00	4:08pm
ACCY CHK	.08	4:08pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm
SUB TEST	.00	4:13pm
AIR BLK	.00	4:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ALAMANCE COUNTY ALAMANCE CO. JAIL 000

Serial Number: 008913 Test Date: 01/27/2016

Test Record Number: 2407 Test Time: 4:16pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	4:16pm
FLO	Pass	4:16pm
FC	Pass	4:16pm

## Temperature Tests

Test	Status	Time
FC1	Pass	4:17pm
SRC	Pass	4:17pm
DET	Pass	4:17pm
BAR	Pass	4:17pm
BT	Pass	4:17pm

#### Blank Tests

Test	Status	Time
	4 - 4 - 4	5 11.488
AIR	Pass	4:17pm

## Printer Tests

Test	Status	Time
		14 75 2
PRNT	Pass	4:17pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:17pm
CAL	Pass	4:17pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ANSON	Instrument Location /	ANSON Co. Sheaf	PS OFFICE
Instrument S	erial No. <u>00 8597</u>	WADESBOK	80, NC	
The prevention four months a	ve maintenance procedures for the In	ntoximeters, Model Intox EC	/IR II to be followed at lea	st once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		pholic breath simulator ther	mometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			•
4.	Enter information as prompted;	· •		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ears, collect breath sample;		
7.	When "PLEASE BLOW" appe	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and	d :		
10.	Verify that the ethanol gas canisimulator solution is being chan whichever occurs first.			
	on theday ofdere performed on the instrument indifferent and Human Services, and the		with current regulations of t	e maintenance the N.C.
THE STATE OF THE S	(Signa	ature of Certifying Official	Certificate	7 Number

ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597 Test Date: 01/11/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG	Pass	1:31pm
AIR BLK	.00	1:31pm
ACCY CHK	.08	1:32pm
AIR BLK	.00	1:33pm
SUB TEST	.00	1:34pm
AIR BLK	.00	1:35pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:37pm

Reported\_AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

## ANSON COUNTY ANSON COUNTY SO. 030

Serial Number: 008597

Test Record Number: 1408

Test Date: 01/11/2016

Test Time: 1:40pm EST

System Check: Passed

## Baseline Tests

## Temperature Tests

Test	Status	Time
FC1	Pass	1:41pm
SRC	Pass	1:41pm
DET	Pass	1:41pm
BAR	Pass	1:41pm
$\mathtt{BT}$	Pass	1:41pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:41pm

#### Printer Tests

rest	Status	Time
PRNT	Pass	1:41pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:42pm
CAL	Pass	1:42pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOARRETERS, MODEL INTOA ECITA II
County/	ANSON Instrument Location ANSON Co. Specific OFAC
Instrument Ser	rial No. 008739 WADESRORO NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9	Verify Diagnostic Program; and
10;	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department of	the day of ANUGAA, 20 1 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739 Test Date: 01/11/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test g/210L Time

DIAG Pass 1:20pm

AIR BLK .00 1:21pm

ACCY CHK .07 1:21pm

AIR BLK .00 1:22pm

SUB TEST .00 1:23pm

AIR BLK .00 1:23pm SUB TEST .00 1:25pm

AIR BLK .00 1:26pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## ANSON COUNTY ANSON COUNTY S.O. 030

Serial Number: 008739

Test Record Number: 228

Test Date: 01/11/2016

Test Time: 1:29pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	1:29pm
FLO	Pass	1:29pm
FC	Pass	1:29pm

## Temperature Tests

Test	Status	Time
FC1	Pass	1:29pm
SRC	Pass	1:29pm
DET	Pass	1:29pm
BAR	Pass	1:29pm
B <b>T</b>	Pass	1:29pm

#### Blank Tests

Test	Status	Time
AIR	Pass	1:30pm

### Printer Tests

Test	Status	Time
PRNT	Pass	1:30pm

#### CRC Tests

Test	Status	Time
COMP	Pass	1:30pm
CAL	Pass	1:30pm

Preventive Maintenance Status: Pass

Sanalyst Punell

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County $Bu$	1NIOXIVIETERS, WODEL INTOX ECTRIF  1Ke Instrument Location Burke - Carta who Jan
Instrument Ser	ial No. 008831 Morganton, 1/C
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	the
STATE OF STA	Signature of Certifying Official Certificate Number

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 01/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

iest	9/2101	TIME
DIAG	Pass	2:56pm
AIR BLK	.00	2:57pm
ACCY CHK	.08	2:58pm
AIR BLK	.00	2:59pm
SUB TEST	.00	2:59pm
AIR BLK	.00	3:00pm
SUB TEST	.00	3:01pm
AIR BLK	.00	3:02pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831

Test Record Number: 1572

Test Date: 01/08/2016

Test Time: 3:18pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:18pm
FLO	Pass	3:18pm
FC	Pass	3:18pm

## Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
BT.	Pass	3:18pm

## Blank Tests

Test	Status	Time
AIR	Pass	3:19pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:19pm

Preventive Maintenance Status: Pass

Pass Pass

CAL

3:19pm

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ABARRUS Instrument Location BAT WOBILE 7
Instrument Ser	ial No. <u>008969</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
A STATE OF THE STA	

CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008969 Test Date: 01/15/2016

Citation Number: M0000000-0 Subject's Name: NONE, NONE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W
Permit Number: 7281E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

g/210L	Time
Pass .00	9:01pm 9:02pm 9:02pm
.00	9:03pm
.00	9:03pm
.00	9:04pm
.00	9:06pm
.00	9:07pm
	Pass .00 .08 .00 .00 .00 .00 .00

Reported AC: .00 g/2/0L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008969

Test Record Number: 138

Test Date: 01/15/2016

Test Time: 9:08pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:09pm
FLO	Pass	9:09pm
FC	Pass	9:09pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:09pm
SRC	Pass	9:09pm
DET	Pass	9:09pm
BAR	Pass	9:09pm
BT	Pass	9:09pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:10pm

## Printer Tests

Test	Status	Time
PRNT	Pass	9:10pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:10pm
CAL	Pass	9:10pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Caba	mus Instrument Location But mobile Unit 7
Instrument Ser	rial No. <u>008972</u>
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 15 day of January, 2014 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE OWNER OWN	Signature of Certifying Official Certificate Number

CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008972 Test Date: 01/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V

Permit Number: 26632E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	8:58pm 8:59pm 8:59pm 9:00pm
SUB TEST	.00	9:01pm
AIR BLK SUB TEST	.00 .00	9:02pm 9:03pm
AIR BLK	.00	9:04pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## CABARRUS BAT MOBILE UNIT 7 120

Serial Number: 008972

Test Record Number: 178

Test Date: 01/15/2016

Test Time: 9:05pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:05pm
FLO	Pass	9:05pm
FC	Pass	9:05pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:05pm
SRC	Pass	9:05pm
DET	Pass	9:05pm
BAR	Pass	9:05pm
$\mathtt{BT}$	Pass	9:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	9:06pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:06pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:06pm
CAL	Pass	9:06pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County (	abarrus Instrument Location Cabarrus County SD
Instrument S	erial No. 008625 30 Corban Ave., Cancord
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

## CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Record Number: 4139 Test Date: 02/01/2016 Test Time: 11:00am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:01am
FLO	Pass	11:01am
FC	Pass	11:01am

## Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

#### Blank Tests

Test	Status	Time
λTD	Dagg	11.01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:02am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:02am

Preventive Maintenance Status: Pass

Pass

11:02am

CAL

Analyst

#### CABARRUS COUNTY CABARRUS COUNTY SD 120

Serial Number: 008625 Test Date: 02/01/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
	_	
DIAG	Pass	11:04am
AIR BLK	.00	11:05am
ACCY CHK	.08	11:05am
AIR BLK	.00	11:06am
SUB TEST	.00	11:07am
AIR BLK	.00	11:08am
SUB TEST	.00	11:10am
ATR RIK	0.0	11 · 11am

Reported AC:\ .00 g/210L

Signature of Chemica

Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ריש	INTOXIMETI	ERS, MODEL INTOX EC/	'IR II
County (	atawba	Instrument Location Catal	uba County Sl
Instrument Se	rial No. <u>00868</u> 7	100 B S.W. Bh	id Newton
The preventive four months a	-	Intoximeters, Model Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brea egree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tim	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	<b>!</b> ;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		<i>F</i>
9.	Verify Diagnostic Program; an	ıd	
10.		ister is being changed before expiration nged every four months or after 125 Al	
	re performed on the instrument inc	the following properly.	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	A CAN	nature of Certifying Official	Certificate Number

## CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 2135 Test Date: 01/14/2016 Test Time: 3:16pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR	Pass	3:16pm
FLO	Pass	3:16pm
FC	Pass	3:16pm

## Temperature Tests

1. T. 2.5		3111	
Test	Status	T.	ime
FC1	Pass	3	17pm
SRC	Pass	3	17pm
DBT	Pass		117pm
BAR	Pass	3	:17pm
BT	Pass	3	17pm

## Blank Tests

Test	Status	" <b>"""""""""""""</b>
4 2 4 5 5		
W T D	 Dago	110

#### Printer Tests

TESL	Status	
PRNT	Pass	.3:   8:pm
		- "我就是一种自己的一个有一

## CRC Tests

Test	Status	Time
CAL	Pass	3   18pm
CAL	Pass	3   18pm

Preventive Maintenance Status: Pass

Analyst

#### CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 01/14/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2016-01/01/2018

Officer's Name: NONE NONE

Type of Agency: FTA" Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

169	L X	3/2100 ++me
DIA	3	Pass 3:24pm
AIR	BLK	.00 3:24pm
ACC	CHK	.07 3:25pm
AIR	BLK	.00 3:26pm
SUB	TEST	.00 3:26pm
AIR	BLK	.00 3;27pm
SUB	TEST	.00 3:29pm
AIR	BLK	.00 3:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the day of d



Signature of Certifying Official

(⊘.⊃ Ø Certificate Number

# CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887

Test Record Number: 2144

Test Date: 01/19/2016

Test Time: 9:30am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:31am
FLO	Pass	9:31am
FC	Pass	9:31am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:31am
SRC	Pass	9:31am
DET	Pass	9:31am
BAR	Pass	9:31am
BT	Pass	9:31am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:32am

#### Printer Tests

Test

1000	20000	
PRNT	Pass	9:32am
	CRC Tests	

Status

Time

Test	Status	Time
COMP	Pass	9:32am
CAL	Pass	9:32am

Preventive Maintenance Status: Pass

Analyst

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 01/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	9:35am 9:36am
ACCY CHK	.08	9:37am 9:38am
SUB TEST	.00	9:39am
AIR BLK	.00	9:39am
SUB TEST	.00	9:41am
AIR BLK	.00	9:42am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN	Instrument Location_	BAT	MOBILE WWI
Instrument	Serial No. 008647		NEW	BERN, NC
The preven four month	tive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be f	ollowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath	simulator thermometer show
2.	Verify instrument displays t	ime and date;		
3.	Initiate breath test sequence;	;		
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" a	ppears, collect breath sample	<del>;</del> ;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample	»;	
8.	Print test record;			
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas consimulator solution is being considered whichever occurs first.			
	t on the day of	muicaled above, in accordan	ce with current i	oing preventive maintenance regulations of the N.C.
waam				
COREATOR COR	TE ON NO. THE CAROLLE STATE OF			
APRIL 12.	THE PARTY OF THE P	Continue of Continue Officia		Certificate Number

CRAVEN COUNTY BAT MOBILE UNI: 9 240

Serial Number: 008647 Test Date: 01/08/2016

Citation Number: M000000(-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/1/1911

Subject's Sex: Male
Driver's License State: IX
Driver's License Number: IPDNE

Analyst's Name: BARNES, ALVIN R

Permit Number: 15671E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:48 pm 11:45 pm
ACCY CHK	.08	11:45 jom
AIR BLK	.00	11:50pm
SUB TEST	.00	11:51 j>m
AIR BLK	.00	11:52 pm
SUB TEST	.00	11:5:pm
ATR BLK	. 00	11:54:DM

Reported AC: .00 g/2101:

Signature of Chemical Analyst

Court CVR

Analyst

#### CRAVEN COUNTY BAT MOBILE UNIT 9 240

Serial Number: 098647 Test Record Number: 2182 Test Date: 01/03/2016 Test Time: 11:54pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:55pm
FLO	Pass	11:55pm
FC	Pass	11:55pm

# Cemperature Tests

Tes:	Status	Time
FC1	Pass	11:55pm
SRC	Pass	11:55pm
DET	Pass	11:55pm
BAR	Pass	11:55pm
BT	Pass	11:55pm

#### Blank Tests

Tes::	Status	Time
AIR	Pass	11:56pm

#### Printer Tests

Tes∷	Status	Time
PRN	Pass	11:56pm
	CRC Tests	
Test	Status	Time

11:56pm

11:56pm

ŧ

Preventive Maintenance Status: Pass

Pass

Pass

alu R Banos

COM.2

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	A INTOAIMETERS, MODEL INTOX EC/IR II
County	UMBERCAND Instrument Location Combecland Co. Detaition C
Instrument Se	rial No. 008672 Fayetteville, NC
· <u>(v </u>	1
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the
STATE OF STA	Signature of Certificial Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 01/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	11:18pm 11:19pm
ACCY CHK AIR BLK	.08	11:19pm 11:20pm
SUB TEST AIR BLK	.00 .00	11:21pm 11:22pm
SUB TEST AIR BLK	.00 .00	11:24pm 11:25pm

Reported\_AC: .00 q/210L

Court CVR

This form is used when performing Preventive Maintenance procedures **Forensic Tests for Alcohol Branch Department of Health and Human Services** 

Rev. 12/2007

### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672

Test Record Number: 4840

Test Date: 01/19/2016

Test Time: 11:25pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:26pm
FLO	Pass	11:26pm
FC	Pass	11:26pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:26pm 11:26pm
DET	Pass	11:26pm
BAR	Pass	11:26pm
BT	Pass	11:26pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:26pm

#### Printer Tests

Status

Time

Test

PRNT	Pass	11:27pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:27pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CL	MBERCAND Instrument Location Comberland Co. Deservoir
Instrument Seri	al No. 008633 Payetteville, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF A STATE O	Signature of Certifying Official  Signature of Certifying Official  Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 01/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403

Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:27pm
AIR BLK	.00	10:28pm
ACCY CHK	.07	10:29pm
AIR BLK	.00	10:30pm
SUB TEST	.00	10:31pm
AIR BLK	.00	10:32pm

SUB TEST .00 10:34pm

AIR BLK .00 10:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 01/19/2016

Test Record Number: 3655
Test Time: 10:36pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:36pm
FLO	Pass	10:36pm
FC	Pass	10:36pm

### Temperature Tests

Test	Status	Time
FC1	Pass	10:37pm
SRC	Pass	10:37pm
DET	Pass	10:37pm
BAR	Pass	10:37pm
BT	Pass	10:37pm
and the second s		

#### Blank Tests

Test	Status	Time
AIR	Pass	10:37pm

# Printer Tests

Test	Status	Time
PRNT	Pass	10:37pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:37pm

Preventive Maintenance Status: Pass

Pass

10:37pm

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (1)	MBERLAND Instrument Location Comberland Co Devention C
Instrument Ser	ial No. 008632 Fayesteville, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 19 day of 39NJOR2, 20 16 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CONTROL STATE OF THE STATE OF T	Signature of Certifying Official Sertificate Number

# CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 01/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:43pm
AIR BLK	.00	10:44pm
ACCY CHK	.08	10:45pm
AIR BLK	.00	10:45pm
SUB TEST	.00	10:46pm
AIR BLK	.00	10:47pm
SUB TEST	.00	10:48pm
ATP BIK	60	10.49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 3479

Test Date: 01/19/2016

Test Time: 11:04pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:04pm 11:04pm
FC	Pass	11:04pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:05pm
SRC	Pass	11:05pm
DET	Pass	11:05pm
BAR	Pass	11:05pm
BT	Pass	11:05pm

#### Blank Tests

Test	Status	Time
AIR	Pass	11:05pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:05pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:05pm 11:05pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	UMBERIAND Instrument Location Compeniano Co. Detention C
Instrument S	erial No. 008614 Fayetteville, NC
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
. 1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
TO THE STATE OF TH	Second 371
	Signaturé of Certifying Official Certificate Number

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 01/19/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	10:30pm 10:31pm
ACCY CHK	.07	10:31pm
AIR BLK	.00	10:32pm
SUB TEST	.00	10:33pm
AIR BLK	.00	10:34pm
SUB TEST	.00	10:36pm
AIR BLK	.00	10:37pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

#### CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Record Number: 3214 Test Date: 01/19/2016 Test Time: 10:55pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:56pm
FLO	Pass	10:56pm
FC	Pass	10:56pm

#### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	10:56pm 10:56pm
DET	Pass	10:56pm
BAR	Pass	10:56pm
$\mathtt{BT}$	Pass	10:56pm

#### Blank Tests

Test	Status	Time
AIR	Pass	10:57pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:57pm 10:57pm

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX E	C/IR II
County	DATE Instrument Location DARC	O. Detention Co
Instrument S	Gerial No. <u>008783</u> <u>1044 Dr.f.+ 6</u>	road Dr. Marres
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II are:	to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	·
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	•
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expira simulator solution is being changed every four months or after 12 whichever occurs first.	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
	Cth 1	
I certify that procedures we Department of	on the day of ANUA /, 20 / the vere performed on the instrument indicated above, in accordance with conf Health and Human Services, and the instrument is functioning proper	ne forgoing preventive maintenance urrent regulations of the N.C. rly.
·		
STATE STATE OF STATE	O NOTE TO SECULATION OF THE PARTY OF THE PAR	
Train E. IT	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Cermicale Number

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 01/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	12:20pm 12:21pm 12:21pm 12:22pm 12:23pm
AIR BLK	.00	12:24pm
SUB TEST	.00	12:25pm
AIR BLK	.00	12:26pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783

Test Record Number: 585

Test Date: 01/08/2016 Test Time: 12:31pm EST

# System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:32pm
FLO	Pass	12:32pm
FC	Pass	12:32pm

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	12:32pm 12:32pm
DET	Pass	12:32pm
BAR	Pass	12:32pm
$\mathtt{BT}$	Pass	12:32pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:33pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:33pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:33pm
CAL	Pass	12:33pm

Preventive Maintenance Status: Pass

			NANCE RECUI L INTOX EC/II	
County	) pre	Instrument I	ocation VACE (	a. Detantion
Instrument S	Serial No. 008404	1044	Driftwoo	d Dr., Mant
The preventi	ive maintenance procedures for the I are:	ntoximeters, Mod	del Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		e, or the alcoholic breath	simulator thermometer show
2.	Verify instrument displays time	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appo	ears, collect brea	th sample;	
7.	When "PLEASE BLOW" appe	ears, collect breat	th sample;	· · · · · · · · · · · · · · · · · · ·
8.	Print test record;			
9.	Verify Diagnostic Program; and	d		
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.			
	on theday of vere performed on the instrument ind of Health and Human Services, and t		accordance with current	oing preventive maintenance regulations of the N.C.
CREAT STATE OF STATE	S VODE CAROL			
ASSE QUAMVE		nel A	Keen	647
	/ / Sign	ature of Certifyin	ig Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 01/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:12pm 12:13pm 12:14pm
AIR BLK SUB TEST	.00 .00	12:14pm 12:15pm
AIR BLK SUB TEST	.00 .00	12:16pm 12:18pm
AIR BLK	.00	12:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Lind's Coese
Analyst

# DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Record Number: 1619

Test Date: 01/08/2016

Test Time: 12:23pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:23pm
FLO	Pass	12:23pm
FC	Pass	12:23pm

# Temperature Tests

Status	Time
Pass	12:24pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	12:24pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:24pm
	CRC Tests	
Test	Status	Time

lest	Scacus	TIME
COMP	Pass	12:24pm
CAL	Pass	12:24pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Dave (o. S.O Hatter
County 1	Instrument Location ( ). ( ). ( ). ( ).
Instrument Ser	rial No. 008807 50346 NC Hay 12 trisco
· · .	
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	theday of, 20 /, the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	NO.
8	
APRIL 12, 1176	

### DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807 Test Date: 01/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103

Exp Date: 05/11/2017

Test

DIAG	Pass	9:12am
AIR BLK	.00	9:13am
ACCY CHK	.08	9:13am
AIR BLK	.00	9:14am
פוום הבכה	ሰለ	0 • 15 am

g/210L

Time

AIR BLK .00 9:14am SUB TEST .00 9:15am AIR BLK .00 9:16am SUB TEST .00 9:17am

AIR BLK .00 9:18am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

#### DARE COUNTY DARE CO SO HATTERAS 270

Serial Number: 008807

Test Record Number: 715

Test Date: 01/21/2016

Test Time: 9:19am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:20am
FLO	Pass	9:20am
FC	Pass	9:20am

### Temperature Tests

Test	Status	Time
FC1	Pass	9:20am
SRC	Pass	9:20am
DET	Pass	9:20am
BAR	Pass	9:20am
$\mathtt{BT}$	Pass	9:20am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:20am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:21am

9:21am

Preventive Maintenance Status: Pass

Pass

CAL

Teleph

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	AVISON Instrument Location DAVISON CO JA, I
Instrument S	0000115
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7</b> .	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

### DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 2159

Test Date: 01/05/2016

Test Time: 4:40pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:41pm
FLO	Pass	4:41pm
FC	Pass	4:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:41pm
SRC	Pass	4:41pm
DET	Pass	4:41pm
BAR	Pass	4:41pm
$\mathtt{BT}$	Pass	4:41pm

### Blank Tests

Test	Status	Time
71 TD	Dagg	1 · 1 2 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm

#### CRC Tests

Test	Status	Time
COMP	Pass	4:42pm
CAL	Pass	4:42pm

Preventive Maintenance Status: Pass

Z. Lewis Dan Analyst

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 01/05/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	4:31pm 4:32pm
ACCY CHK	.07	4:33pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:37pm
ATR BLK	00	4:38pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

L-Lewin Dean
Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	AVICSON Instrument Location / homas ville
Instrument Ser	ial No. 008872 Police Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday ofA / U / A / Z / , 20 / the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Standard 642

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 01/05/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	2:51pm 2:52pm
ACCY CHK	.07	2:52pm
AIR BLK SUB TEST	.00 .00	2:53pm 2:54pm
AIR BLK	.00	2:55pm
SUB TEST	.00	2:56pm
AIR BLK	00	2:57pm

Reported, AC: .00 g/210L

Signature of Chemical Analyst

. Court CVR

Analyst Con

#### DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 01/05/2016

Test Record Number: 1226

Test Time: 2:58pm EST

System Check: Passed

#### Baseline Tests

Status	Time
Pass	2:58pm 2:58pm
Pass	2:58pm
	Pass Pass

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:59pm
SRC	Pass	2:59pm
DET	Pass	2:59pm
BAR	Pass	2:59pm
BT	Pass	2:59pm

#### Blank Tests

Test	Status	Time
ΔTR	Pass	2 · 5 9 mm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:59pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:59pm
CAL	Pass	2:59pm

Preventive Maintenance Status: Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Contraction of the Contraction o	, INTOXIMETERS, MODEL INTOX EC/ĮR II
County /	1VIdSON Instrument Location / & XINGTON
Instrument Seri	al No. 008883 Police Department
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday ofA /I UAR /, 20 / the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A PART IN	Jek Dunt

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 01/05/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	3:40pm 3:41pm
ACCY CHK	.08	3:42pm
AIR BLK	.00	3:43pm
SUB TEST	.00	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1549

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:48pm
FLO	Pass	3:48pm
FC	Pass	3:48pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:49pm
SRC	Pass	3:49pm
DET	Pass	3:49pm
BAR	Pass	3:49pm
BT	Pass	3:49pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:49pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:49pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:50pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 3	combe Instrument Location Edge combe Co. Majish
Instrument Seria	INO. 008603 Office, 300 Angroada Pd., Tarboro,
The preventive r	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program, and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the day of January, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A STATE O	Signature of Certifying Official Certificate Number

### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Date: 01/25/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	11:08am 11:08am
ACCY CHK	.08	11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
AIR BLK	.00	11:14am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Kell Analyst Analyst

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008603 Test Record Number: 1501 Test Date: 01/25/2016 Test Time: 11:17am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:18am
FLO	Pass	11:18am
FC	Pass	11:18am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:18am
SRC	Pass	11:18am
DET	Pass	11:18am
BAR	Pass	11:18am
BT	Pass	11:18am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:19am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:19am
,	CRC Tests	
Test	Status	Time
COMP	Pass Pass	11:19am

Preventive Maintenance Status: Pass

Tely & Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

- Cutter		AS, MODEL INTOX EC/IR II	
County	de contre	Instrument Location Glocombe (1)	Majistra
Instrument S	Serial No. <u>008(doろ</u>	Office, 300 Anaconda R.	J., Tarbor
The preventi	<del>_</del>	toximeters, Model Intox EC/IR II to be followed at le	east once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 degr	lisplays pressure, or the alcoholic breath simulator the ree centigrade;	ermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration date, or the alcosed every four months or after 125 Alcoholic Breath	
I certify that procedures w Department of	on the 05 day of 1aric were performed on the instrument indic of Health and Human Services, and the	the forgoing preventicated above, in accordance with current regulations of e instrument is functioning properly.	ve maintenance f the N.C.
SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS			. •
OF THE STATE	E OF NO.		**
	S S S S S S S S S S S S S S S S S S S		
THE COUNTY OF THE PARTY OF THE			
WALL QUANT	764 SI	l 0 (04°	3
	Signat	ture of Certifying Official Certifica	te Number

### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Date: 01/25/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:23am 11:24am 11:24am
AIR BLK	.00	11:25am
SUB TEST	.00	11:26am
AIR BLK	.00	11:27am
SUB TEST	.00	11:28am
AIR BLK	.00	11:29am

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

#### EDGECOMBE COUNTY EDGECOMBE CO MAGISTR 320

Serial Number: 008663 Test Record Number: 2478
Test Date: 01/25/2016 Test Time: 11:31am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:31am
FLO	Pass	11:31am
FC	Pass	11:31am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:31am
SRC	Pass	11:31am
DET	Pass	11:31am
BAR	Pass	11:31am
BT	Pass	11:31am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:32am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:32am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:32am

Preventive Maintenance Status: Pass

Pass

11:32am

CAL

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Gaston	Instrument Location Gaston County 5D
Instrument	Serial No. <u>008643</u>	425 N. Marietta St. Gastonia
· · .		
The prever		Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show egree centigrade;
2.	Verify instrument displays tim	e and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted	;
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" app	ears, collect breath sample;
7.	When "PLEASE BLOW" app	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; an	d
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed before expiration date, or the alcoholic breath nged every four months or after 125 Alcoholic Breath Simulator tests,
procedures	were performed on the instrument ind	1000, 20 100 the forgoing preventive maintenance licated above, in accordance with current regulations of the N.C. the instrument is functioning properly.
STA	Sign	ature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 01/08/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	4:41pm
ACCY CHK	.00	4:42pm 4:42pm
AIR BLK	.00	4:43pm
SUB TEST	.00	4:44pm
AIR BLK	.00	4:45pm
SUB TEST	.00	4:46pm
AIR BLK	.00	4:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643

Test Record Number: 2344

Test Date: 01/08/2016

Test Time: 4:49pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	4:49pm
FLO	Pass	4:49pm
FC	Pass	4:49pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	4:49pm
SRC	Pass	4:49pm
DET	Pass	4:49pm
BAR	Pass	4:49pm
BT	Pass	4:49pm

#### Blank Tests

Test	Status	Time
AIR	Pass	4:50pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:50pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4:50pm

Preventive Maintenance Status: Pass

Pass

4:50pm

CAL

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		ERS, NIODEL INTOX E	
County 📞		Instrument Location_ Cx45	•
Instrument S	Serial No. <u>008684</u>	425 N. Marietta S	st. Gastenia
The preventi		e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	und	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expira anged every four months or after 125	tion date, or the alcoholic breath S Alcoholic Breath Simulator tests,
procedures w	ere performed on the instrument in	ndicated above, in accordance with cult the instrument is functioning proper	arrent regulations of the N.C.
THE STATE OF THE S	_ I Call	mature of Certifying Official	656 Certificate Number

#### GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684

Test Record Number: 3145

Test Date: 01/25/2016

Test Time: 3:37pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:38pm
FLO	Pass	3:38pm
FC	Pass	3:38pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:38pm
SRC	Pass	3:38pm
DET	Pass	3:38pm
BAR	Pass	3:38pm
BT	Pass	3:38pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:39pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:39pm

#### CRC Tests

Test	Status	Time
COMP	Pass	3:39pm
COMP	rass	<del>-</del> .
CAL	Pass	3:39pm

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 01/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	3:42pm 3:43pm
ACCY CHK	.07	3:44pm
AIR BLK	.00	3:45pm
SUB TEST	.00	3:46pm
AIR BLK	.00	3:47pm
SUB TEST	.00	3:48pm
AIR BLK	.00	3:49pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_G	INTOXIMETERS, MODEL INTOX EC/IR II  ales Instrument Location Gales 6. 5.0.	
Instrument S	Serial No. 008884 202 Court Sty Gatesville,	<u>~(</u>
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once are:	every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermomet 34 degrees, plus or minus .2 degree centigrade;	er show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic br simulator solution is being changed every four months or after 125 Alcoholic Breath Simulato whichever occurs first.	
I certify that procedures v Department	on the	enance }.
TINTS HAT STATE OF THE STATE OF	CAROLLI CAROLL	
OLIVATION OF THE PROPERTY OF T	Signature of Certifying Official Certificate Numb	
	Signature of Certifying Official Certificate Numb	er

GATES COUNTY GATES CO SO 360

Serial Number: 008884 Test Date: 01/11/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:24am 10:25am 10:25am
AIR BLK	.00	10:26am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am
SUB TEST	.00	10:29am
AIR BLK	.00	10:30am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

#### GATES COUNTY GATES CO SO 360

Serial Number: 008884

Test Record Number: 699

Test Date: 01/11/2016

Test Time: 10:31am EST

#### System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:32am 10:32am
FC	Pass	10:32am

#### Temperature Tests

Status	Time
Pass	10:32am
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
ATR	Pass	10:33am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:33am
	CRC Tests	
Test	Status	Time

10:33am

10:33am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Instrument Serial No. ON 8723 DATE. MicClanation Serial No. ON 8723 DA	P. D.		
four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulated 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;	TOXPSRE N		
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;	wed at least once every		
<ol> <li>Initiate breath test sequence;</li> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ol>	llator thermometer show		
<ol> <li>Enter information as prompted;</li> <li>Verify instrument accuracy;</li> <li>When "PLEASE BLOW" appears, collect breath sample;</li> </ol>			
<ul><li>Verify instrument accuracy;</li><li>When "PLEASE BLOW" appears, collect breath sample;</li></ul>			
6. When "PLEASE BLOW" appears, collect breath sample;			
	Verify instrument accuracy;		
7 When "PI FASE BLOW" annears collect breath sample:			
7. When I bead beam appears, concer orean sample,			
8. Print test record;			
9. Verify Diagnostic Program; and			
10. Verify that the ethanol gas canister is being changed before expiration date, o simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	r the alcoholic breath Breath Simulator tests,		
I certify that on theday of	preventive maintenance ations of the N.C.		
Signature of Certifying Official			

GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 01/19/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG	Pass	10:52am
AIR BLK	.00	10:54am
ACCY CHK	.07	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
ATR BLK	. 00	10:59am

Reported AC:

00 -\alpha/210I-

Signature of Chemical Analyst

Court CVR

Analyst

#### GRANVILLE COUNTY OXFORD PD 380

Serial Number: 008923 Test Date: 01/19/2016

Test Record Number: 1314

Test Time: 11:01am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:01am
FLO	Pass	11:01am
FC	Pass	11:01am

#### Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
$\mathtt{BT}$	Pass	11:01am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:02am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:02am 11:02am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	PANVILLE Co. Instrument Location Creed Place P. D.
Instrument Ser	ial No. DOBGHI III WARRYIE ST CREENWOOK NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641 Test Date: 01/19/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:11am 10:12am 10:13am
AIR BLK SUB TEST	.00 .00	10:14am 10:14am
AIR BLK	.00	10:15am
SUB TEST	.00	10:17am
AIR BLK	.00	10:18am

Reported/AC: , 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst .

#### GRANVILLE COUNTY CREEDMOOR PD 380

Serial Number: 008641

Test Record Number: 878

Test Date: 01/19/2016

Test Time: 10:19am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:19am
FLO	Pass	10:19am
FC	Pass	10:19am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:19am 10:19am 10:19am 10:19am 10:19am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:20am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:20am

#### CRC Tests

Test	Status	Time
COMP	Pass	10:20am
CAL	Pass	10:20am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (3)	Instrument Location High Point Jan
Instrument Seria	al No. <u>008653</u>
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he
THE STATE OF NOTICE AND ADDRESS OF THE STATE OF NOTICE AND ADDRESS OF THE STATE OF	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 01/21/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:40am 11:41am 11:42am
AIR BLK	.00	11:43am
SUB TEST	.00	11:44am
AIR BLK	.00	11:45am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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#### GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 2849

Test Date: 01/21/2016

Test Time: 11:49am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
	,	
IR	Pass	11:49am
FLO	Pass	11:49am
FC	Pass	11:49am

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:49am 11:49am 11:49am 11:49am 11:49am

#### Blank Tests

Test	Status	Time	

AIR Pass 11:50am

#### Printer Tests

Test	Status	Time

PRNT Pass 11:50am

CRC Tests

Test Status Time

COMP Pass 11:50am CAL Pass 11:50am

Preventive Maintenance Status: Pass

Analyst

### PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/ÎR II

The same of the sa	INTOXIMETERS, MODEL INTOX EC/IR II  UI/FORD Instrument Location Greens boyo JAII
County	Instrument Location Greens DOVO JAIL
Instrument Ser	ial No. 008790
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the day of, 20 // the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	LAGUIN 642

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 01/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective: 11598E

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG	Pass	3:22pm
AIR BLK	.00	3:22pm
ACCY CHK	.07	3:23pm
AIR BLK	.00	3:24pm
SUB TEST	.00	3:25pm
AIR BLK	.00	3:26pm
SUB TEST	.00	3:27pm
ATR BLK	.00	3:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A Suin Sem

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test I

Test Record Number: 5399

Test Date: 01/06/2016 Test Time: 3:29pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:30pm
SRC	Pass	3:30pm
DET	Pass	3:30pm
BAR	Pass	3:30pm
BT	Pass	3:30pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:30pm
CAL	Pass	3:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County 5	Tuiltord Instrument Location Greensboro JA;
Instrument Ser	ial No. <u>008794</u>
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
<b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	theday ofANARC/, 20 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 01/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	2:53pm 2:54pm
ACCY CHK	.07	2:55pm
AIR BLK	.00	2:56pm
SUB TEST	.00	2:56pm
AIR BLK	.00	2:57pm
SUB TEST	.00	2:58pm
AIR BLK	.00	2:59pm

Reported AC:, .00 q/210L

Signature of Chemical Analyst

Court CVR

L. Lewis Jean

#### GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Record Number: 4653 Test Date: 01/06/2016 Test Time: 3:00pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	3:00pm
FLO	Pass	3:00pm
FC	Pass	3:00pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
BT	Pass	3:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:01pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:01pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

3:01pm

3:01pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the day of ANCARC, 20/6 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828 Test Date: 01/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534802

Exp Date: 12/14/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:34pm 12:35pm 12:36pm
AIR BLK	.00	12:36pm
SUB TEST	.00	12:37pm
AIR BLK SUB TEST	.00 .00	12:38pm 12:39pm
AIR BLK	.00	12:40pm

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

#### GUILFORD COUNTY HIGH POINT PD 401

Serial Number: 008828

Test Record Number: 1955

Test Date: 01/21/2016

Test Time: 12:41pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	12:41pm
FLO	Pass	12:41pm
FC	Pass	12:41pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	12:41pm
SRC	Pass	12:41pm
DET BAR	Pass	12:41pm
BT	Pass Pass	12:41pm 12:41pm
£2 T	rass	TS:4TDIII

#### Blank Tests

Test	Status	Time
AIR	Pass	12:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	12:42pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:42pm
CAL	Pass	12:42pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT Instrument Location HARNET Co. DETENTION
Instrumen	t Serial No. 008729 LILINGTON, NC.
The prevention four month	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
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350	
CAREAT	
A COLO COLO	Signature of Certifying Official Certificate Number

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 01/07/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:16am 9:16am 9:17am 9:18am
AIR BLK SUB TEST	.00	9:19am
AIR BLK SUB TEST	.00 .00	9:20am <b>9:21am</b>
AIR BLK	.00	9:22am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

#### HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729

Test Record Number: 2023

Test Date: 01/07/2016

Test Time: 9:23am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:23am
FLO	Pass	9:23am
FC	Pass	9:23am

#### Temperature Tests

Test	Status	Time
FC1	Pass	9:23am
SRC	Pass	9:23am
DET	Pass	9:23am
BAR	Pass	9:23am
BT	Pass	9:23am

#### Blank Tests

Test	Status	Time
AIR	Pass	9:24am

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:24am
	CRC Tests	
Test	Status	Time
COMP	Pass	9:24am

9:24am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARWETT Instrument Location HARWETT Co. TOTTEN TION CTG
Instrument Ser	rial No. DOB730 LILLINGTON NC
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the
TATE OF THE STATE	
* ARE QUAN VIOL	Signature of Certifying Official Certificate Number

# HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 01/07/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	8:46am 8:47am
ACCY CHK	.07	8:48am
AIR BLK	.00	8:48am
SUB TEST	.00	8:49am
AIR BLK	.00	8:50am
SUB TEST	.00	8:52am
ATR BLK	.00	8:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730

Test Record Number: 2449

Test Date: 01/07/2016

Test Time: 8:58am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	8:58am
FLO	Pass	8:58am
FC	Pass	8:59am

# Temperature Tests

Status	Time
Pass	8:59am
	Pass Pass Pass Pass

### Blank Tests

Test	Status	Time
AIR	Pass	8:59am

# Printer Tests

Test	Status	Time
PRNT	Pass	8:59am
	CRC Tests	
Test	Status	Time

CAL Pass 9:00am

Pass

9:00am

Preventive Maintenance Status: Pass

COMP

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

1	INTOXIMET	ERS, MODEL INTOX EC	VIR II
County /	extroid	Instrument Location	KIP PD
Instrument S	erial No. <u>() () 8848</u>	705 W. Main	St., Ahoskie, N
The preventi		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic brodegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		e.
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expiration anged every four months or after 125 A	
I certify that procedures w Department of	vere performed on the instrument in	NUAVI , 20 10 the findicated above, in accordance with current the instrument is functioning properly	forgoing preventive maintenance ent regulations of the N.C.
STATI THE STATI TO CHE VICE TO	CAROLINI CAR		
APRE IZ. UT	- Kell	gnature of Certifying Official	Certificate Number
4.	31	Sharara or Cormannia Ormolar	Continuate Municei

# HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848 Test Date: 01/26/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:40am 10:40am 10:41am 10:42am
SUB TEST	.00	10:43am
AIR BLK	.00	10:43am
SUB TEST	.00	10:45am
AIR BLK	.00	10:46am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

# HERTFORD COUNTY AHOSKIE PD 450

Serial Number: 008848

Test Record Number: 1160

Test Date: 01/26/2016

Test Time: 10:47am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:48am 10:48am
FC	Pass	10:48am

# Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

#### Blank Tests

Test	Status	Time	

AIR Pass 10:49am

### Printer Tests

Test	Status	Time
PRNT	Pass	10:49am

# CRC Tests

Test	Status	Time
COMP	Pass	10:49am
CAL	Pass	10:49am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. 11	A De Constant de C
County 11	Instrument Location Hyde Co. S.O Ocra Gerial No. 008797 NC 12, Ocracoke, NC
Instrument S	Gerial No. 008797 NC 12, Ocracoke, NC
94 <sup>2</sup> + 12	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures w Department o	on the 2/5 day of 3 chuq vy , 20 // the forgoing preventive maintenance vere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

## HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 01/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:33am 11:34am
ACCY CHK	.07	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
AIR BLK	.00	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# HYDE COUNTY HYDE CO SO OCRACOKE 470

Serial Number: 008797 Test Date: 01/21/2016

Test Record Number: 436
Test Time: 11:40am EST

•

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:41am 11:41am
DET	Pass	11:41am
BAR	Pass	11:41am
$\mathtt{BT}$	Pass	11:41am

# Blank Tests

Test	Status	Time
AIR	Pass	11:42am

## Printer Tests

Test	Status	Time
PRNT	Pass	11:42am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:42am

11:42am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON	Instrument Location CUPL	TON POLICE DEPT.
Instrument Ser	rial No. <u>008658</u>	3 <u>CLAYTON,</u> NC	
The preventive four months ar		the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic be .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays	s time and date;	
3.	Initiate breath test sequence	e;	
4	Enter information as prom	pted;	
5.	Verify instrument accurac	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.		canister is being changed before expirati changed every four months or after 125	
I certify that or procedures wer Department of	re performed on the instrumer	DANDARY, 20_16 the trindicated above, in accordance with cur and the instrument is functioning properly	rent regulations of the N.C.
STAIF OF STA	NOR IN CAROLINA		
TESE QUAM VIDE	· · · · · · · · · · · · · · · · · · ·	Signature of Certifying Official	Certificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 01/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:52am
AIR BLK	.00	10:52am
ACCY CHK	.08	10:53am
AIR BLK	.00	10:54am
SUB TEST	.00	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am

Reported AC: .00\_g/210L

Signature (of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

# JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 1183
Test Date: 01/06/2016 Test Time: 11:40am EST

System Check: Passed

# Baseline Tests

Test	Status	Time '
IR	Pass	11:41am
FLO	Pass	11:41am
FC	Pass	11:41am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:41am
SRC	Pass	11:41am
DET	Pass	11:41am
BAR	Pass	<b>11:</b> 41am
BT	Pass	11:41am
		•

### Blank **Te**sts

Test	Status	Time
AIR	Pass	11:41am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:41am

# CRC Tests

Test	Status	Time
COMP	Pass Pass	11:42am
CAL	Pass	11:42am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County L	incoln	Instrument Location LiviColy	County Courthou
Instrument Ser	rial No. <u>008833</u>	#1 Courthouse	Square, Lincoln
The preventive four months ar	-	toximeters, Model Intox EC/IR II to b	e followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic brearee centigrade;	ath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program, and		
10.		er is being changed before expiration ged every four months or after 125 Al	
	e performed on the instrument indic	20 16 the forested above, in accordance with current in strument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OF THE STATE OF TH	AON CAROLIN	The state of the contract of t	
Share QLAM VIDE	Daysh E	. HUL	<u>650</u>
	// // Signat	ture of Certifying Official	Certificate'Number

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 01/08/2016

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E
Permit Number: 19951E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	3:51pm 3:52pm
AIR BLK	.07	3:52pm 3:53pm
SUB TEST AIR BLK	.00 .00	3:54pm 3:56pm
SUB TEST AIR BLK	.00 .00	3:56pm 3:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823

Test Record Number: 1223

Test Date: 01/08/2016

Test Time: 3:59pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
F'LO	Pass	3:59pm
FC	Pass	3:59pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET'	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

## Blank Tests

Test	Status	Time
AIR	Pass	4:00pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm

# CRC Tests

Test	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ma	Ain_	Instrument Location Mart;	7 (0.50)
Instrument Seri	al No. <u>008912</u>	30S E. Main St.,	Williamston, A
The preventive four months are	<u> </u>	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic bre degree centigrade;	ath simulator thermometer shows
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
<b>5.</b>	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap		
8.	Print test record;	•	
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas car	nister is being changed before expiration anged every four months or after 125 A	
I certify that on procedures were Department of I	theday ofcree performed on the instrument in tealth and Human Services, and	the following properly.	orgoing preventive maintenance ent regulations of the N.C.
OF THE STATE OF TH	A CAROLINA Site	A gnature of Certifying Official	Certificate Number

MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Date: 01/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901

Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	9:23am 9:23am 9:24am
AIR BLK	.00	9:25am
SUB TEST	.00	9:26am
AIR BLK	.00	9:27am
SUB TEST	.00	9:28am
AIR BLK	.00	9:29am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# MARTIN COUNTY SHERIFF'S OFFICE 570

Serial Number: 008912 Test Record Number: 1078
Test Date: 01/15/2016 Test Time: 9:30am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	9:31am
FLO	Pass	9:31am
FC	Pass	9:31am

# Temperature Tests

Test Status Time	
FC1 Pass 9:31	
SRC Pass 9:31	am
DET Pass 9:31	am.
BAR Pass 9:31	am
BT Pass 9:31	am

# Blank Tests

Test	Status	Time
AIR	Pass	9:32am

# Printer Tests

Test	Status	Time
PRNT	Pass	9:32am

### CRC Tests

Test	Status	Time
COMP	Pass	9:32am
CAL	Pass	9:32am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	Dowell Instrumen	t Location <u>McDowe</u> ,	11 Co. Jail
Instrument Seria	INO. <u>008888</u>	Marion	NC
The preventive n four months are:	naintenance procedures for the Intoximeters, M	lodel Intox EC/IR II to be follo	owed at least once every
1.	Verify the ethanol gas canister displays press 34 degrees, plus or minus .2 degree centigrad	ure, or the alcoholic breath sime;	ulator thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect br	eath sample;	
7.	When "PLEASE BLOW" appears, collect br	eath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being cl simulator solution is being changed every fou whichever occurs first.	nanged before expiration date, ir months or after 125 Alcoholi	or the alcoholic breath c Breath Simulator tests,
I certify that on t procedures were Department of H	heday of	in accordance with current regu	g preventive maintenance ulations of the N.C.
THE STATE OF NAME OF THE STATE	A CAROLINA		649
	Signature of Certif	lying Official	Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 01/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm
SUB TEST	.00	3:11pm
ATR BLK	.00	3:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst Analyst

# MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Record Number: 1341 Test Date: 01/06/2016 Test Time: 3:14pm EST

System Check: Passed

Baseline Tests

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Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
BT	Pass	3:15pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm
	CRC Tests	

Test	Status	Time
COMP	Pass	3:16pm
ÇAL	Pass	3:16pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Mc	Instrument Location Mc Dowell (o. Jail  1 No. 004 92 Marion, NC
Instrument Serial	1No. 009 92 Marion, NC
The preventive m four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on the procedures were Department of He	he day of January, 20/6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 01/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	3:05pm
AIR BLK	.00	3:06pm
ACCY CHK	.07	3:07pm
AIR BLK	.00	3:08pm
SUB TEST	.00	3:09pm
AIR BLK	.00	3:10pm
SUB TEST	.00	3:11pm
AIR BLK	.00	3:12pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Record Number: 413

# System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:15pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:15pm
SRC	Pass	3:15pm
DET	Pass	3:15pm
BAR	Pass	3:15pm
$\mathtt{BT}$	Pass	3:15pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:15pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:16pm

### CRC Tests

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Mecklenburg	Instrument Location Pineville PD
Instrumen	nt Serial No. <u>008703</u>	427 Main St., Pineville
<u> </u>		
The preve		ntoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic breath simulator thermometer show gree centigrade;
2.	Verify instrument displays time	e and date;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appe	ears, collect breath sample;
7.	When "PLEASE BLOW" appe	ears, collect breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	1
10.		ster is being changed before expiration date, or the alcoholic breath ged every four months or after 125 Alcoholic Breath Simulator tests,
1		
	at on the <u>Hh</u> day of <u>Jan</u> were performed on the instrument indi at of Health and Human Services, and the	the forgoing preventive maintenance icated above, in accordance with current regulations of the N.C. ne instrument is functioning properly.
THE CREAT STATE OF ST	CAROLL	A sound to the same of the sam

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

# ENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 01/04/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

oject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

s**t** s Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective: 08/01/2015-08/01/2017

\*\*Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG526401 Exp Date: 09/21/2017

DIAG 12:09pm Pass AIR BLK .00 12:10pm ACCY CHK .08 12:11pm AIR BLK .00 12:12pm SUB TEST .00 12:12pm AIR BLK .00 12:13pm SUB TEST .00 12:15pm AIR BLK .00 12:16pm

Reported AC: .00 g/210L

Signature of Chemical

Court CVR

This form is used when performing Preventive Maintenance procedures **Forensic Tests for Alcohol Branch** 

> Department of Health and Human Services Rev. 12/2007

# MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Record Number: 5455 Test Date: 01/04/2016 Test Time: 12:17pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
		2 - 1
IR	Pass	12:18pm
FLO	Pass	12:18pm
FC	Pass	12:18pm

## Temperature Tests

Test	Status	Time
\$ 3 L	₹# <sub>1</sub>	a a digre
FC1	Pass	12:18pm
SRC	Pass —	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

#### Blank Tests

Test	Status	Time
10 miles (2000)		
AIR	Pass	12:19pm

### Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:19pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. b the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

# MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008910 Test R

Test Record Number: 472

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	3:55pm
FLO	Pass	3:55pm
FC	Pass	3:55pm

# Temperature Tests

Test	Status	Time
FC1	Pass	3:55pm
SRC	Pass	3:55pm
DET .	Pass	3:55pm
BAR	Pass	3:55pm
BT	Pass	3:55pm

### Blank Tests

Test	Status	Time
AIR	Pass	3:56pm

### Printer Tests

Test	Status	Time
PRNT	Pass	3:56pm
	CRC Tests	
Test	Status	Time

COMP Pass 3:56pm CAL Pass 3:56pm

Preventive Maintenance Status: Pass

Analyst

# MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008910 Test Date: 01/27/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2016-01/01/2018

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

g/210L	Time
Pass	3:58pm 3:59pm
.08	3:59pm
.00	4:00pm
.00	4:01pm
.00	4:02pm
.00	4:03pm
.00	4:04pm
	Pass .00 .08 .00 .00

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOOR E Instrument Location PREMIRE POLICE DEST
Instrument Se	rial No. OO8710 PINEHURST, NC
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
THE STATE OF THE S	John State S
	Signature of Certifying Official Certificate Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710 Test Date: 01/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E

mit Number: 6108. Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA

De Of Agency: F12 Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:35pm
AIR BLK	.00	2:36pm
ACCY CHK	.07	2:36pm
AIR BLK	.00	2:37pm
SUB TEST	.00	2:38pm
AIR BLK	.00	2:40pm
SUB TEST	.00	2:41pm
AIR BLK	.00	2:42pm

Reported AG: .00 g/210L

Signature of Chemical Analyst

Court CVR

# MOORE COUNTY PINEHURST PD. 620

Serial Number: 008710

Test Record Number: 1253

Test Date: 01/19/2016

Test Time: 2:42pm EST

# System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:43pm
FLO	Pass	2:43pm
FC	Pass	2:43pm

# Temperature Tests

Test	Status	Time
FC1	Pass	2:43pm
SRC	Pass	2:43pm
DET	Pass	2:43pm
BAR	Pass	2:43pm
BT	Pass	2:43pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:44pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:44pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:44pm

2:44pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	MOORE	Instrument Location PASS	URST POLICE DEPT
Instrument Sei	rial No. <u>008629</u>	- PNEHURST 1	NC .
The preventive four months ar	e maintenance procedures for the I	ntoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic b gree centigrade;	reath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiratinged every four months or after 125	on date, or the alcoholic breath Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of I	e performed on the instrument indi	20 (a) the icated above, in accordance with cure instrument is functioning properly	forgoing preventive maintenance rent regulations of the N.C.
STATE OF THE STATE	CAROLULA STATE OF THE STATE OF		
STEE QUAM VIDEN		HImall	371
	🗸 ( Signa	nture of Certifying Official	Certificaté Number

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008629 Test Date: 01/31/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	5:13am 5:14am
ACCY CHK	.07	5:14am
AIR BLK	.00	5:15am
SUB TEST	.00	5:16am
AIR BLK	.00	5:17am
SUB TEST	.00	5:18am
AIR BLK	.00	5:19am

Reported\_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MOORE COUNTY PINEHURST PD. 620

Serial Number: 008629

Test Record Number: 286

Test Date: 01/31/2016

Test Time: 5.20am EST

System Check: Passed

# Baseline Tests

Test	Status	Time
IR	Pass	5:20am
FLO	Pass	5:20am
FC	Pass	5:20am

# Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	5:20am 5:20am
DET	Pass	5:20am
BAR	Pass	5:20am
BT	Pass	5:20am

### Blank Tests

Test	Status	Time
AIR	Pass	5:21am

#### Frinter Tests

rest	Status	Time
PRNT	Pass	5:21am

### CRC Tests

Test	Status	Time
COMP	Pass	5:21am
CAL	Pass	5:21am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

be an action	INTOXIMETERS, MODEL INTOX EC/IR II
County Pas	quotenk Instrument Location Pasquotenk Co. Public Sa
Instrument Ser	ial No. 008941 Blds., 200 E. Colonial St., Elizabeth
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the day of aruary, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE PARTY OF THE P	Signature of Certifying Official Certificate Number

PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941 Test Date: 01/06/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:06am 11:07am 11:08am 11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:12am
AIR BLK	.00	11:13am

Reported AC: .00 g/210L

Signature of Chemical (Analyst

Court CVR

## PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008941

Test Record Number: 1149

Test Date: 01/06/2016

Test Time: 11:15am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:15am
FLO	Pass	11:15am
FC	Pass	11:15am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:15am
SRC	Pass	11:15am
DET	Pass	11:15am
BAR	Pass	11:15am
BT	Pass	11:15am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:16am

### Printer Tests

Test	Status	Time
PRNT	Pass	11:16am
	CRC Tests	

[[] # NO O

Test	Status	Time
COMP	Pass	11:16am
CAL	Pass	11:16am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

INTOXIMETERS, MODEL INTOX EC/IR II	
County Pas	Squotank Instrument Location Resource Tank Co. Public Safety
Instrument Ser	ial No. 008950 Bldg., 2006. Colonial St., Elizabeth City
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
A STATE OF THE STA	They I don't have been seen as the seen as
	Signature of Certifying Official Certificate Number

## PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950 Test Date: 01/06/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	10:54am 10:54am
ACCY CHK	.08	10:55am
AIR BLK	.00	10:56am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:59am
AIR BLK	.00	11:00am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### PASQUOTANK COUNTY PUBLIC SAFETY BLDG 690

Serial Number: 008950

Test Record Number: 1290

Test Date: 01/06/2016

Test Time: 11:01am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:01am 11:01am
FC FC	Pass	11:01am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:01am
SRC	Pass	11:01am
DET	Pass	11:01am
BAR	Pass	11:01am
BT	Pass	11:01am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:02am

#### Printer Tests

COMP

ÇAL

Test	Status	Time
PRNT	Pass	11:02am
	CRC Tests	
Test	Status	Time

11:02am

11:02am

Preventive Maintenance Status: Pass

Pass

Pass

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

P.	D. II. C. D. I. C. C. I.
County 1	Instrument Location 1, It (U. Notention 1-41+
Instrument S	erial No. 008646 124 Defention Dr., Greenville, N
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the 29 <sup>th</sup> day of January, 20/6 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	NO CARDUMA CAR
* ALE QUAM VID	Well 11 - 643
	Signature of Certifying Official Certificate Number

PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 01/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONL

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:25am 10:26am 10:26am 10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:31am
AIR BLK	.00	10:31am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### PITT COUNTY PITT CO DETENTION 730

Serial Number: 008646 Test Date: 01/29/2016

Test Record Number: 3088

Test Time: 10:33am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:33am
FLO	Pass	10:33am
FC	Pass	10:33am

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:33am 10:33am 10:33am 10:33am

#### Blank Tests

Test	Status	Time
AIR	Pass	10:34am

## Printer Tests

Test	Status	Time
PRNT	Pass	10:34am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:34am

Preventive Maintenance Status: Pass

Pass

10:34am

CAL

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	
County	Instrument Location RICHMOND Co. MAG. O.
Instrument Seri	al No. 008701 RockINGHAM, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
TO THE STATE OF A STAT	Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

> Serial Number: 008701 Test Date: 01/11/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	11:15am 11:16am
ACCY CHK	.07	11:16am
AIR BLK	.00	11:17am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am
SUB TEST	.00	11:20am
ATR RIK	0.0	11.21am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701

Test Record Number: 1091

Test Date: 01/11/2016

Test Time: 11:22am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:22am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:23am
SRC	Pass	11:23am
DET	Pass	11:23am
BAR	Pass	11:23am
BT	Pass	11:23am
SRC DET BAR	Pass Pass Pass	11:23am 11:23am 11:23am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:23am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:23am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:23am
CAL	Pass	11:23am

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	RICHMOND Instrument Location RICHMOND CO MAG. DE
Instrument Se	eriai No. <u>608840</u> RockingHAM, NC
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
THE STATE OF THE S	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 01/11/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:33am
ACCY CHK	.07	11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:36am
AIR BLK	.00	11:37am
SUB TEST	.00	11:38am
ATR BLK	. 0.0	11:39am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

## RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840

Test Record Number: 1733

Test Date: 01/11/2016

Test Time: 11:40am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:40am
FLO	Pass	11:40am
FC	Pass	11:40am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:40am
SRC	Pass	11:40am
DET	Pas <b>s</b>	11: <b>4</b> 0am
BAR	Pas <b>s</b>	11: <b>4</b> 0am
BT	Pass	<b>11:4</b> 0am

## Blank Tests

Test	Status	Time
AIR	Pass	11:41am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:41am
	CRC Tests	
Test	Status	Time

11:41am

11:41am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

/	) INTOXINIETERS, MODEL INTOX ECIRCI
County_	OBESON Instrument Location SED SPANSS BUCE DEPT.
Instrument Ser	ial No. DOBB63 RED SPRINGS NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

#### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008863 Test Date: 01/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:16pm 1:17pm 1:18pm 1:19pm
SUB TEST	.00	1:19pm
AIR BLK	.00	1:20pm
SUB TEST	.00	1:22pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

### ROBESON COUNTY RED SPRINGS PD 770

Serial Number: 008863

Test Record Number: 352

Test Date: 01/15/2016

Test Time: 1:23pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:23pm 1:23pm
	++	

### Temperature Tests

Test	Status	Time
FC1	Pass	1:24pm
SRC	Pass	1:24pm
DET	Pass	1:24pm
BAR	Pass	1:24pm
BT	Pass	1:24pm

### Blank Tests

Test	Status	Time	
AIR	Pass	1:24pm	

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:24pm
	CRC Tests	
Test	Status	Time

COMP Pass 1:25pm CAL Pass 1:25pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		TERS, MODEL HVIOX E	JIK II
County	/SBESON	Instrument Location <u>/&lt;0/36</u>	BONI CO. JAIL
Instrument S	Gerial No	5 LUMBERTON, N	1 <u>C</u>
The preventi		the Intoximeters, Model Intox EC/IR II t	be followed at least once every
1,	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic b .2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	γ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
8.	Print test record;		
9.	Verify Diagnostic Program	ı; and	
10.		canister is being changed before expirate changed every four months or after 125	
	ere performed on the instrument	10 the tindicated above in accordance with current the instrument is functioning properly	rent regulations of the N.C.
OF THE STATE OF TH	CAROLINA CAROLI		• <b>ب</b> سد وسد
		Signature of Certifying Official	Certificate Number
		× 1	

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 01/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:34pm 3:35pm 3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:38pm
AIR BLK	.00	3:39pm
SUB TEST	.00	3:41pm
AIR BLK	.00	3:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

## ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 3458

Test Date: 01/15/2016

Test Time: 3:42pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:43pm 3:43pm
FC	Pass	3:43pm

### Temperature Tests

Test	Status	Time
FC1	Pass	3:43pm
SRC	Pass	3:43pm
DET	Pass	3:43pm
BAR	Pass	3:43pm
$\mathtt{BT}$	Pass	3:43pm

#### Blank Tests

Test	Status	Time
AIR	Pass	3:44pm

## Printer Tests

Test	Status	Time
PRNT	Pass	3:44pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:44pm 3:44pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

Instrument Serial No. OO 8814 ST. Polls NC  The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the Say of Andrew 20 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	4.	INTOXIM	IETERS, MODEL INTOX EC/I	. N
The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are:  1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	County	/LOBESON	Instrument Location 5. Tau	s Pouce DeA
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	Instrument Se	erial No. <u>00 88</u>	814 ST. POULS, NO	**************************************
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	WW 80 - 1 -			
34 degrees, plus or minus .2 degree centigrade;  2. Verify instrument displays time and date;  3. Initiate breath test sequence;  4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  1 certify that on the	- ·		for the Intoximeters, Model Intox EC/IR II to be	followed at least once every
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	1.			simulator thermometer show
4. Enter information as prompted;  5. Verify instrument accuracy;  6. When "PLEASE BLOW" appears, collect breath sample;  7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	2.	Verify instrument disp	lays time and date;	
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	3.	Initiate breath test sequ	ence;	
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	4.	Enter information as pr	ompted;	
7. When "PLEASE BLOW" appears, collect breath sample;  8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	5.	Verify instrument accu	racy;	
8. Print test record;  9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	6.	When "PLEASE BLOV	W" appears, collect breath sample;	
9. Verify Diagnostic Program; and  10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	7.	When "PLEASE BLOV	W" appears, collect breath sample;	
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	8.	Print test record;		
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.  I certify that on the	9.	Verify Diagnostic Prog	ram; and	
Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is be		
THE STATE OF NO. 1772	procedures we	ere performed on the instrum	nent indicated above, in accordance with current	oing preventive maintenance regulations of the N.C.
	STATE OF THE STATE	No.		
Signature of Certifying Official Certificate Number	Walter Commencer		Signature of Certifying Official	Certificate Number

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814 Test Date: 01/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	6:05pm 6:06pm 6:06pm
AIR BLK SUB TEST	.00 .00	6:07pm <b>6:08pm</b>
AIR BLK	.00	6:09pm
SUB TEST	.00	6:10pm
AIR BLK	.00	6:11pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

ROBESON COUNTY ST. PAULS PD. 770

Serial Number: 008814

Test Record Number: 563

Test Date: 01/15/2016

Test Time: 6:12pm EST

System Check: Passed

#### Baseline Tests

#### Temperature Tests

Test	Status	Time
FC1	Pass	6:12pm
SRC	Pass	6:12pm
DET	Pass	6:12pm
BAR	Pass	6:12pm
$\mathtt{BT}$	Pass	6:12pm

#### Blank Tests

Test	Status	Time
AIR	Pass	6:13pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	6:13pm

### CRC Tests

Test	Status	Time
COMP	Pass	6:13pm
CAL	Pass	6:13pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXINETERS, MODEL INTOX EC/IR II
County/	SOBESON Instrument Location ROBESON Co. JAIL
Instrument Se	Serial No. DO8836 LUMBERTON, NC.
The preventive four months a	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once eve are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sl 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
· <b>7.</b>	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tes whichever occurs first.
I certify that o procedures we Department of	on the <u>28</u> day of <u>JANUARY</u> , 20 <u>16</u> the forgoing preventive maintenar rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
OTHE STATE OF THE	371 Junel 371
	Signature of Certifying Official Certificate Number

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 01/28/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG534902 Exp Date: 12/15/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	9:50am 9:52am
ACCY CHK	.08	9:53am
AIR BLK	.00	9:54am
SUB TEST	.00	9:54am
AIR BLK	.00	9:55am
SUB TEST	.00	9:57am
AIR BLK	.00	9:58am

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

## ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 3838

Test Date: 01/28/2016

Test Time: 10:00am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	10:00am
FLO	Pass	10:00am
FC	Pass	10:00am

#### Temperature Tests

Test	Status	Time
FC1	Pass	10:01am 10:01am
SRC DET	Pass Pass	10:01am
BAR	Pass	10:01am
BT	Pass	10:01am

### Blank Tests

Test	Status	Time
AIR	Pass	10:01am

#### Printer Tests

Test	Status	Time
PRNT	Pass	10:01am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:01am 10:01am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	OBESON Instrument Location / EMBROKE   DEPT.
Instrument Seri	al No. 008837 PEMBROKE, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the /5 day of JANUACY, 20 /6 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF TH	Signature of Certifying Official Certificate Number

ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837 Test Date: 01/15/2016

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:01pm
AIR BLK	.00	2:01pm
ACCY CHK AIR BLK	.07	2:02pm 2:03pm
SUB TEST	.00	2:03pm
AIR BLK	.00	2:04pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## ROBESON COUNTY PEMBROKE POLICE DEPT 770

Serial Number: 008837

Test Record Number: 725

Test Date: 01/15/2016

Test Time: 2:07pm EST

System Check: Passed

## Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:08pm 2:08pm
FC	Pass	2:08pm

#### Temperature Tests

Test	Status	Time
FC1	Pass	2:08pm
SRC	Pass	2:08pm
DET	Pass	2:08pm
BAR	Pass	2:08pm
BT	Pass	2:08pm

### Blank Tests

Test	Status	Time
AIR	Pass	2:08pm

#### Printer Tests

Test	Status .	Time
PRNT	Pass	2:08pm
•	CRC Tests	
Test	Status	Time

COMP Pass 2:09pm CAL Pass 2:09pm

Preventive Maintenance Status: Pass

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	LOBESON Instrument Location LOCALO CO. LAIL
Instrument S	Serial No. 008629 LUMBERTON, NC
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once ever are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sh 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator test whichever occurs first.
	on the
OTHE STATI	

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008629 Test Date: 01/15/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Dilver a dicense Number. Nonz

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	4:20pm
AIR BLK	.00	4:21pm
ACCY CHK	.07	4:21pm
AIR BLK	.00	4:22pm
SUB TEST	.00	4:23pm
AIR BLK	.00	4:24pm
SUB TEST	.00	4:25pm
ATR BLK	0.0	$4 \cdot 26pm$

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

### ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008629

Test Record Number: 269

Test Date: 01/15/2016

Test Time: 4:28pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	4:29pm
FLO	Pass	4:29pm
FC	Pass	4:29pm

### Temperature Tests

Test	Status	Time
FC1	Pass	4:29pm
SRC	Pass	4:29pm
DET	Pass	4:29pm
BAR	Pass	4:29pm
BŢ	Pass	4:29pm

### Blank Tests

Test	Status	Time
AIR	Pass	4:30pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	4:30pm
	CRC Tests	
Test	Status	Time
COMP	Pass	4 · 3 0 mm

4:30pm

Preventive Maintenance Status: Pass

Pass

CAL

**A**nalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location Instrument Serial No. The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; Enter information as prompted; 4. 5. Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

#### RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 1708 Test Date: 01/04/2016 Test Time: 11:03am EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	11:03am
FLO	Pass	11:03am
FC	Pass	11:04am

### Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:04am 11:04am
DET	Pass	11:04am
BAR	Pass	11:04am
BT	Pass	11:04am

### Blank Tests

Test	Status	Time
AIR	Pass	11:04am

#### Printer Tests

Test	Status	Time
PRNT	Pass	11:04am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:05am 11:05am

Preventive Maintenance Status: Pass

Analyst

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 01/04/2016

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D

Permit Number: 15924E

Effective:

01/01/2016-01/01/2018

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:07am 11:08am 11:09am
AIR BLK	.00	11:10am
SUB TEST	.00	11:11am
AIR BLK	.00	11:12am
SUB TEST	.00	11:13am
ATR BIN	. 00	11:14am

Reported AC .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

## PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Co Instrument Location Knight lake P.S.		
Instrument S	erial No. 008838 949 STEEPE Square Ct. Knightche		
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:		
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;		
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath sample;		
7.	When "PLEASE BLOW" appears, collect breath sample;		
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.		
I certify that procedures w Department of	on the		
TOTAL STATE OF THE			

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

WAKE COUNTY KNIGHTDALE PS 510

Serial Number: 008838 Test Date: 01/14/2016

- Citation Number: M0000000-0

Subject's Name ·

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NCHE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E 🦠

Effective: 02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902

Exp Date: 03/20/2017

Test	g/210L	Tame:
DIAG	Pass	12:17pm
AIR BLK	0.0	12:18pm
ACCY CHK	0.7	12:18pia
AIR BLK	.00	12:19pm
SUB TEST	0.0	12:20pm
AIR BLK	.00	12:20pm
SUB TEST	.00	12:22pm
AIR BLK	.00	12:23pm

Reported AC: .00 g/210

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

Analyst

# MAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838

Test Record Number: 1305

Test Date: 01/14/2016

Test Time: 12:24pm EST

System Check: Passed

# Baseline Tests

Test	Status	Time
TR.	Pass	12:24pm
FLO	Pass	12:24pm
FC.	Pass	12:24pm

#### Temperature Tests

200 471 48	
FCI Pass 12:24p	m
SRC Pass 12:24p	m
DET Pass 12:24p	m
BAR Pass 12:24p	m
BT Pass 12:24p	m

#### Blank Tests

Test	Status	Time
5	•	
ATR	Pass	12:25pm

## Printer Tests

rest	Status	Time
7		
SBMT	Pass	12:25pm

# CRC Tests

Test	Status	Time
COMP	Pass	12:25pm
CAL	Pass	12:25pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DAKE Co. Instrument Location (MKe Co. Defortion Cont
Instrument Seri	ial No. 0038/13 3301 Hammond Rel Raleigh MC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
ASSE GUAN VIDENTA	SERVICE SALVER 654
	Signature of Certifying Official Certificate Number

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Date: 01/19/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG534901 Exp Date: 12/15/2017

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Reported AC: ... 00 g/210%

Signature of Chemical Analyst

Court CVR

**Analyst** 

#### WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Record Number: 1279

Test Date: 01/19/2016 Test Time: 3:53pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	3:53pm
FLO	Pass	3:53pm
FC	Pass	3:53pm

### Temperature Tests

Test Status Time	
FC1 Pass 3:53p	рm
SRC Pass 3:53	om
DET Pass 3:53	om.
BAR Pass 3:53p	ρm
BT Pass 3:53p	om

#### Blank Tests

Test	Status	Time
AIR	Pass	3:54pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	3:54pm

#### CRC Tests

Test	Status	Time		
COMP	Pass	3:54pm		
CAL	Pass	3:54pm		

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Co. Instrument Location ( Jake Co. Detention Cent	e e
Instrument	t Serial No. 008924 3301 Hangmand Kl. Kaloich No	
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;	W!
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	,
procedures	at on the	е
CALL STATE OF STATE O	Signature of Certifying Official Certificate Number	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Date: 01/19/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Bizth: 11/11/1911 |Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C Permit Number: 7682E Effective: 02/01/2014-02/01/2016

> Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> > Lot Number: AG517402 Exp Date: 06/23/2017

Test g/210L Time DIAG 3:35pm Pass 100 AIR BLK 3:36pm ACCY CHK 08 3:36pm 0.0 AIR BLK 3:37pmSUB TEST LOO 3:38pm AIR BLK 0.0 3:39pm

SUB TEST .00 3:41pm AIR BLK ..00 3:42pm

Reported AC:

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

Analyst

### MAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Record Number: 1200 Test Date: 01/19/2016 Test Time: 3:43pm EST

System Check: Passed

# Baseline Tests

Test	Status	ន <b>ា</b> រ៉ាំ	me
		200	
	2012	0.00	
IR	Pass :		44 pm
FLO	Pass		44pm
FC	Pass	3:	44 pm

#### Temperature Tests

Lest.	Stati	lSL	IME ()
医特别性 医甲基磺胺			常总证法。
िक का किया है। जिस्सी का किया है। जिस्सी का का किया जा किया की अध्यक्ति की का किया है।		1011 (1111)	67、122
(FCL)	Pass	医多性性 医骶韧带	44pm
SRC	Pass	3	:44pm
DET	Pass		: 44 pm
BAR	Pass	4 66	445m
Charles and Charles and Charles	-i	(4) 自身經過學問題	机双消毒品 多知
Br	Pass	·	: 44pm

#### Blank Tests

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Test Status Time

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /		trument Location NAKE Co.					
Instrument Ser	rial No. <u>008577 3</u>	301 HAMMOND RD	RALEIGHIN				
The preventive four months are	e maintenance procedures for the Intoximo	eters, Model Intox EC/IR II to be f	ollowed at least once every				
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree ce		simulator thermometer shows				
·:. · 2.	Verify instrument displays time and de	ate;					
3.	Initiate breath test sequence;		•				
4.	Enter information as prompted;	Enter information as prompted;					
5.	Verify instrument accuracy;						
6.	When "PLEASE BLOW" appears, collect breath sample;						
7.	When "PLEASE BLOW" appears, collect breath sample;						
8.	Print test record;						
9.	Verify Diagnostic Program; and						
10.	Verify that the ethanol gas canister is be simulator solution is being changed ev whichever occurs first.						
I certify that on procedures were Department of I	the 29 day of JANUAN re performed on the instrument indicated a Health and Human Services, and the instr	29, 20/6 the forgoubove, in accordance with current nument is functioning properly.	oing preventive maintenance regulations of the N.C.				
THE STATE OF THE S	LORENT CAROLINA S	D Smoth	637				
	Signature of	Certifying Official	Certificate Number				

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 01/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:40pm 2:41pm 2:42pm
AIR BLK SUB TEST	.00	2:43pm 2:44pm
AIR BLK	.00	2:45pm
SUB TEST AIR BLK	.00 .00	2:46pm 2:47pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch
Department of Health and Human Services
Rev. 12/2007

# WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577

Test Record Number: 1844

Test Date: 01/29/2016

Test Time: 2:49pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:49pm 2:49pm
FC	Pass	2:50pm

### Temperature Tests

Test Status	Time
FC1 Pass	2:50pm
SRC Pass	2:50pm
DET Pass	2:50pm
BAR Pass	2:50pm
BT Pass	2:50pm

#### Blank Tests

Test	Status	Time
ATR	Pass	2:50pm

## Printer Tests

Test	Status	Time
PRNT	Pass	2:50pm
	CRC Tests	
Test	Status	Time

2:51pm

2:51pm

Preventive Maintenance Status: Pass

Pass Pass

COMP

CAL

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	lake-	Instrument Location 18,17 MD	B. L. W. T #/C
Instrument Seri	al No. <u>608584</u>	<u>CAny</u>	
The preventive four months are		toximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the alcoholic breath ree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being changed before expiration da ged every four months or after 125 Alcoh	te, or the alcoholic breath solic Breath Simulator tests,
	1th		
I certify that on procedures wer Department of I	e performed on the instrument indic	the forgo cated above, in accordance with current re instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S	CAROLINI CAR	fure of Certifying Official	Certificate Number

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Record Number: 2080 Test Date: 01/29/2016 Test Time: 9:40pm EST

System Check: Passed

beem check. Labbee

#### Baseline Tests

Test	Status	Time
IR	Pass	9:41pm
FLO	Pass	9:41pm
FC	Pass	9:41pm

## Temperature Tests

Test	Status	Time
FC1	Pass	9:41pm
SRC	Pass	9:41pm
DET	Pass	9:41pm
BAR	Pass	9:41pm
BT	Pass	9:41pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:42pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:42pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:42pm
CAT.	Pagg	9 · 4 2 mm

Preventive Maintenance Status: Pass

Sle 6. 7110pm

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008584 Test Date: 01/29/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:29pm
AIR BLK	.00	9:30pm
ACCY CHK	.08	9:30pm
AIR BLK	.00	9:31pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm
SUB TEST	.00	9:35pm
AIR BLK	.00	9:36pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

Son Sulla Jan Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	19the Co. Instrument Location ARX PDS, #14
Instrument Seri	al No. 008621 1615 E. Williams ST Apex, 1
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the
CHE STATE OF THE S	

WAKE COUNTY APEX PD

Serial Number: 008621

Test Date: 01/14/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201

Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	11:17am
AIR BLK	.00	11:18am
ACCY CHK	.08	11:19am
AIR BLK	.00	11:20am
SUB TEST	.00	11:21am
AIR BLK	.00	11:22am
SUB TEST	.00	11:23am
AIR BLK	.00	11:24am

Reported AC: ,00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Analyst

Rev. 12/2007

#### WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 2011 Test Date: 01/14/2016 Test Time: 11:25am EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	11:25am
FLO	Pass	11:25am
FC	Pass	11:25am

### Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
BT	Pass	11:26am

#### Blank Tests

Test	Status	Time
AIR	Pass	11:26am

# Printer Tests

Test	Status	Time
PRNT	Pass	11:26am

#### CRC Tests

Test	Status	Time
COMP	Pass	11:26am
CAL	Pass	11:26am

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location BAI 1110 Bila Lin, T #12
Instrument S	Serial No. 008637 Carry
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the, 20_/6_ the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATION OF THE STATE OF THE	CAROLINA CONTRACTOR OF THE CON

#### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Record Number: 2847 Test Date: 01/29/2016 Test Time: 9:39pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	9:39pm
FLO	Pass	9:39pm
FC	Pass	9:40pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:40pm
SRC	Pass	9:40pm
DET	Pass	9:40pm
BAR	Pass	9:40pm
BT	Pass	9:40pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:40pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:40pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst II (ope

9:41pm

9:41pm

### WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008637 Test Date: 01/29/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	9:26pm
AIR BLK	.00	9:27pm
ACCY CHK	.08	9:28pm
AIR BLK	.00	9:29pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm
SUB TEST	.00	9:32pm
AIR BLK	.00	9:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	ERS, MODEL IN	OX EC/IK	11
County	WAKE			DETENTION CTO
Instrumen	nt Serial No. <u>W8778</u>	3301 HAM	MUND RO	RALEIGH, NO
The preve	entive maintenance procedures for the	e Intoximeters, Model Intox	EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2		alcoholic breath si	mulator thermometer show
2.	Verify instrument displays ti	ime and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompt	ed;		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" ap	ppears, collect breath sample	<b>;</b> ;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample	<b>)</b> ;	
8.	Print test record;		•	
9.	Verify Diagnostic Program;	and		
10.	Verify that the ethanol gas consimulator solution is being clumber whichever occurs first.	anister is being changed before hanged every four months or	ore expiration date r after 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
procedures	nat on the 29 day of 7/2 day of 1/2 day of 1	indicated above, in accordan	ce with current re	ng preventive maintenance gulations of the N.C.
SE S	Julia	Smith		637 Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 01/29/2016

Citation Number: M0000000-0 Subject's Name: INSPECTION,

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	2:43pm
AIR BLK	.00	2:44pm
ACCY CHK	.07	2:45pm
AIR BLK	.00	2: <b>4</b> 6pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:49pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Suco D Smith

# WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778

Test Record Number: 2072

Test Date: 01/29/2016

Test Time: 2:52pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:53pm
FLO	Pass	2:53 <b>p</b> m
FC	Pass	2:53pm

## Temperature Tests

Status	Time
Pass	2:53pm
	Pass Pass Pass Pass

#### Blank Tests

Test	Status	Time
AIR	Pass	2:54pm

# Printer Tests

Test	Status	Time
PRNT	Pass	2:54pm

#### CRC Tests

Test	Status	Time
COMP	Pass	2:54pm
CAL	Pass	2:54pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	4/4 ket	Instrument Locati	on 1811 MC	BILLINIT
:			<i>-</i> -	
Instrument S	erial No. Oo 3779		( Durch of	
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
The preventi	ve maintenance procedures for the In are:	ntoximeters, Model In	tox EC/IR II to be fo	llowed at least once ever
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.		he alcoholic breath s	mulator thermometer sh
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appe	ars, collect breath san	ıple;	
7.	When "PLEASE BLOW" appe	ars, collect breath san	nple;	
8.	Print test record;			
9.	Verify Diagnostic Program; and	l		
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
	and form j			
procedures w	on theday of ere performed on the instrument indi of Health and Human Services, and the	cated above/in accord	dance with current re	ng preventive maintenan gulations of the N.C.
	200			
OF THE STATE	TO NORTH			
SE S	S S S S S S S S S S S S S S S S S S S			
ANGEL 12, UNIVERSAL 12, UNIVER	A Company	1 67113		631
	Signa	ture of Certifying Off	icial	Certificate Number

# WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Record Number: 3392 Test Date: 01/29/2016 Test Time: 9:42pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	9:42pm
FLO	Pass	9:42pm
FC	Pass	9:43pm

### Temperature Tests

Test	Status	Time
FC1	Pass	9:43pm
SRC	Pass	9:43pm
DET	Pass	9:43pm
BAR	Pass	9:43pm
$\mathtt{BT}$	Pass	9:43pm

### Blank Tests

Test	Status	Time
AIR	Pass	9:43pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	9:43pm

#### CRC Tests

Test	Status	Time
COMP	Pass	9:44pm
CAL	Pass	9:44pm

Preventive Maintenance Status: Pass

Analyst // Of a

WAKE COUNTY BAT MOBILE UNIT 10 910

Serial Number: 008779 Test Date: 01/29/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE* 

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	9:28pm 9:29pm 9:29pm
AIR BLK SUB TEST	.00	9:30pm 9:31pm
AIR BLK	.00	9:32pm
SUB TEST AIR BLK	.00 .00	<b>9:33pm</b> 9:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst (15 few 8

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County W	ARREN Instrument Location WARREN CO. LEC
Instrument Seria	al No. 008793 128 RAFTERS IN WARRENTON, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 28 day of ANUARY, 2016 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF NO.	Bus Signature of Certifying Official Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 01/28/2016

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	1:03pm 1:03pm 1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

### WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 983

Test Date: 01/28/2016

Test Time: 1:10pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	1:11pm
FLO	Pass	1:11pm
FC	Pass	1:11pm

### Temperature Tests

est	Status	Time
C1	Pass	1:11pm
C 25	Pass	1:11pm
ET .	Pass	1:11pm
\R	Pass	1:11pm
?	Pass	1:11pm
ET AR	Pass Pass	1:11pr 1:11pr

### Blank Tests

Test	Status	Time
AIR	Pass	1:12pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	1:12pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	1:12pm
CAL	Pass	1:12pm

Preventive Maintenance Status: Pass

Analyst

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County / /	Instrument Location NORLINA PD
Instrument Seri	al No. 008945 101 MAIN ST. NORLINA, NC
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures were	the <u>28</u> day of <u>JANUARY</u> , 20/6 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A PART IS, IT IS	Signature of Certifying Official Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 01/28/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	2:25pm
AIR BLK	.00	2:26pm
ACCY CHK	.08	2:27pm
AIR BLK	.00	2:28pm
SUB TEST	.00	2:28pm
AIR BLK	.00	2:29pm
SUB TEST	.00	2:31pm
AIR BLK	.00	2:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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# WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Record Number: 303

Test Date: 01/28/2016

Test Time: 2:33pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	2:33pm
FLO	Pass	2:33pm
FC	Pass	2:34pm

### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	2:34pm 2:34pm 2:34pm 2:34pm 2:34pm
		<b>L</b>

# Blank Tests

Test	Status	Time
ATR	Pass	2:35pm

#### Printer Tests

Test	Status	Time
PRNT	Pass	2:35pm

### CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

Preventive Maintenance Status: Pass

Analyst -

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· \	INTOXIMETERS, MODEL INTOX EC/IR II
County W	ashing Ashing to Co. S. D.
Instrument Se	orial No. D08829 Wdam St., Plymonth, N.C.
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n theday ofANUAR(), 20 the forgoing preventive maintenance re performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

#### WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829 Test Date: 01/21/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	11:52am
AIR BLK	.00	11:53am
ACCY CHK	.07	11:54am
AIR BLK	.00	11:55am
SUB TEST	00.	11:56am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
ATR BLK	. 0.0	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

# WASHINGTON COUNTY SHERIFF'S OFFICE 930

Serial Number: 008829

Test Record Number: 689

Test Date: 01/21/2016 Test Time: 12:01pm EST

System Check: Passed

### Baseline Tests

Test	Status	Time
IR	Pass	12:01pm
FLO	Pass	12:01pm
FC	Pass	12:01pm

#### Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:01pm 12:01pm 12:01pm 12:01pm 12:01pm

#### Blank Tests

Test	Status	Time
AIR	Pass	12:02pm

#### Printer Tests

Test	Status	T'ime
PRNT	Pass	12:02pm

#### CRC Tests

Test	Status	Time
COMP	Pass	12:02pm
CAL	Pass	12:02pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	INTOXIMETERS, MODEL INTOX EC/IF	N 1
Instrument S	erial No. 008 452 100 E. Green St.,	Milson, N.
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fare:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration da simulator solution is being changed every four months or after 125 Alcol whichever occurs first.	ate, or the alcoholic breath holic Breath Simulator tests,
	on the	oing preventive maintenance regulations of the N.C.
OF THE STATE		
SE CA		
ART 12, 57	Lindo N. Keek	647
	Signature of Certifying Official	Certificate Number

WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008652 Test Date: 01/25/2016

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	2:43pm 2:44pm 2:45pm
AIR BLK	.00	2:46pm
SUB TEST AIR BLK	.00 .00	2:48pm 2:49pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

# PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County \	11/500	Instrument Location WILSON	Co. Detention
Instrument Ser	ial No. 004637	100 E. Breen 5	. b, Nosl, W (
The preventive four months ar		the Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic breat 2 degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	e;	
4.	Enter information as prom	pted;	
5.	Verify instrument accuracy	<b>/</b> ;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	ı; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Alc	date, or the alcoholic breath cholic Breath Simulator tests,
I certify that on procedures wer Department of	e performed on the instrumen	the formula the instrument is functioning properly.	going preventive maintenance at regulations of the N.C.
OF THE STATE OF THE YEAR OF THE STATE OF	NON		
	L CAROLI		
STE QUAN VIDER		ndA. Keese	647
	Commercial Control of the Control of	Signature of Certifying Official	Certificate Number

#### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 01/25/2016

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	2:44pm 2:45pm
ACCY CHK	.07	2:46pm
AIR BLK	.00	2:47pm
SUB TEST	.00	2:48pm
AIR BLK	.00	2:48pm
SUB TEST	.00	2:50pm
AIR BLK	.00	2:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

### WILSON COUNTY WILSON CO DETENTION 970

Serial Number: 008627 Test Date: 01/25/2016 Test Record Number: 1864
Test Time: 2:56pm EST

System Check: Passed

#### Baseline Tests

Test	Status	Time
IR	Pass	2:56pm
FLO	Pass	2:56pm
FC	Pass	2:56pm

### Temperature Tests

Test	Status	Time
FC1	Pass	2:57pm
SRC	Pass	2:57pm
DET	Pass	2:57pm
BAR	Pass	2:57pm
BT	Pass	2:57pm

#### Blank Tests

Test	Status	Time
AIR	Pass	2:57pm

#### Printer Tests

Test	Statu <b>s</b>	Time
PRNT	Pass	2:57pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:57pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

2:57pm